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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)									
	Ronan, Sam, , ,	Closel if address shares				2. Condidate's EEC Identification Number				
	(b) Address (number and street) 237 CREEKSIDE DRIVE	☐ Check if address changed				Candidate's FEC Identification Number H8OH01092				
	(c) City, State, and ZIP Code					3. Is This		ew	Amended	
	SPRINGBORO	OH 45066				Staten	,) OR	(A)	
4.	Party Affiliation	5. Office Soug	ght		6. State & Dist		date		_	
	DEMOCRATIC PARTY	House			ОН	01				
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7.	Thereby designate the following named political committee as my Principal Campaign Committee for the 2018 (year of election)									
	NOTE: This designation should be filed with the appropriate office listed in the instructions.									
(a) Name of Committee (in full) SAM RONAN FOR CONGRESS										
	(b) Address (number and street) 237 CREEKSIDE DRIVE									
	(c) City, State, and ZIP Code									
	SPRINGBORO				ОН	45066	3			
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives) 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.										
	NOTE: This designation should be filed with the principal campaign committee.									
(a) Name of Committee (in full)										
	(a)									
(b) Address (number and street)										
(c) City, State, and ZIP Code										
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.										
Sie	Signature of Candidate Date									
DONAN SAMUAI										
A	OIVAIN, SAIMUAL, , ,			[Elect	ronically Filed]	06/23/20	17			
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.										

FEC FORM 2 (REV. 02/2009)

: 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHŽG7 < 98 I @ 'CF' ± H9 A = N5 H± CB

Form/Schedule: F2N Transaction ID:

COMPLETE

Form/Schedule: Transaction ID: